

Integrated Locality Teams

Leicester, Leicestershire and Rutland



LLR Integrated Locality Teams Programme Board Bulletin No. 2: March 2017

Welcome to the second edition of the Leicester, Leicestershire and Rutland (LLR) Integrated Locality Teams bulletin. This edition focuses on the decisions of the February Programme Board and key pieces of work completed over the last month.

Development of Integrated Locality Teams – how to guide

One of the key actions identified at the Integrated Locality Team workshop in November was to develop a “how to guide” for implementing Integrated Locality Teams (ILTS) for the first three to six months.

A first draft of the how to guide has now been written and the final version will be ready by the end of March for Locality Leadership Teams to use with their GP practices.

The Programme Board identified additional sections to be added to the guide and the need for the role and offer from social care and LPT CHS to be further developed. Whilst this information is developed it was felt the current guide would be helpful for GPs and will be distributed shortly.

Integrated Locality Teams – changes to GP contract

Alongside the development of the how to guide the Programme Board asked two GPs on the board, and the CCG implementation leads to assess the implications of the new GP contract. This included identifying how the new frailty requirements can be incorporated and achieved through the ILT approach.

Dr Darren Jackson and Dr David Shepherd have produced a document on this. Information will be shared with all practices across Leicester, Leicestershire and Rutland to see how this can be delivered consistently across ILTs. This will also be included in the how to guide once finalised.

Risk stratification

A step by step guide has been produced to assist practices working with ILTs to select patients for MDT discussion and other interventions using the ACG risk stratification tool. This does not supersede clinical and professional judgement.

The initial population of interest for the ILTs work is characterised by the ACG system as having one or more of the following characteristics:

- Having five or more chronic conditions
- Being predicted to cost three or more times the average next year in secondary care spend
- Having a frailty flag marker

The guide includes screen shots of the ACG tool, has been tested with GP's and practice managers and will be refreshed every three months.

The programme board received positive feedback about the guide and felt it was ready to be distributed.

MDT/Integrated working survey

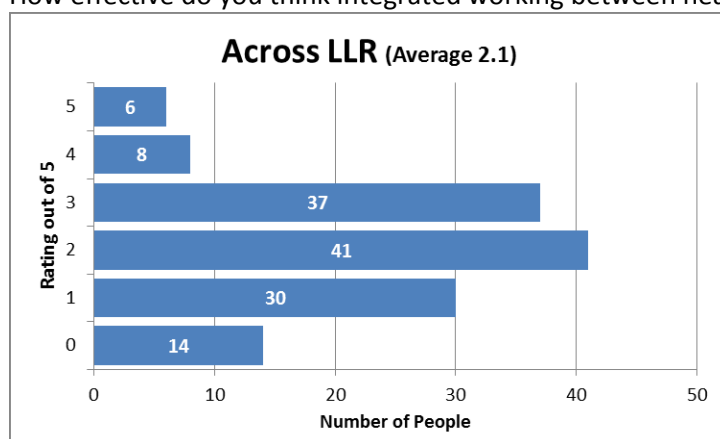
A survey was conducted across GPs, community services and social care to establish the current baseline for MDT/integrated working. 136 responses were received in the seven days the survey ran over.

Breakdown of responses – by organisation

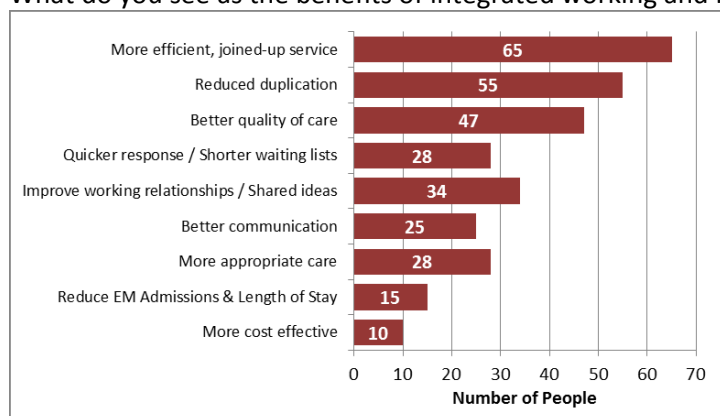
General Practice	51	38%
Social Services	45	33%
Leicestershire Partnership NHS Trust	38	28%
Health & Social Care	2	1%
Total	136	

The survey asked a number of key questions:

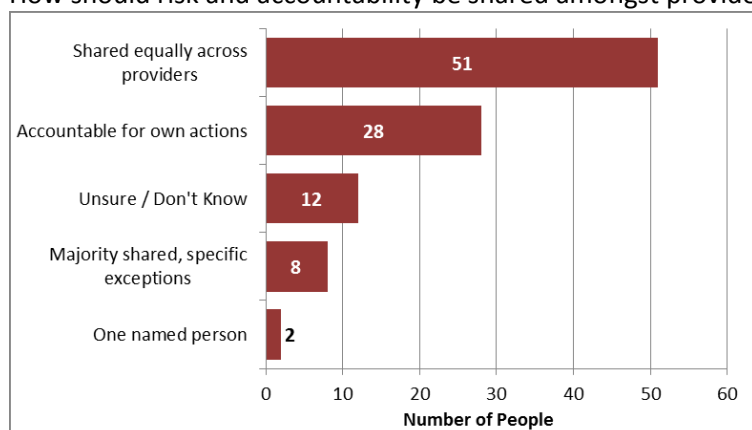
- How effective do you think integrated working between health & social care providers is at the moment?



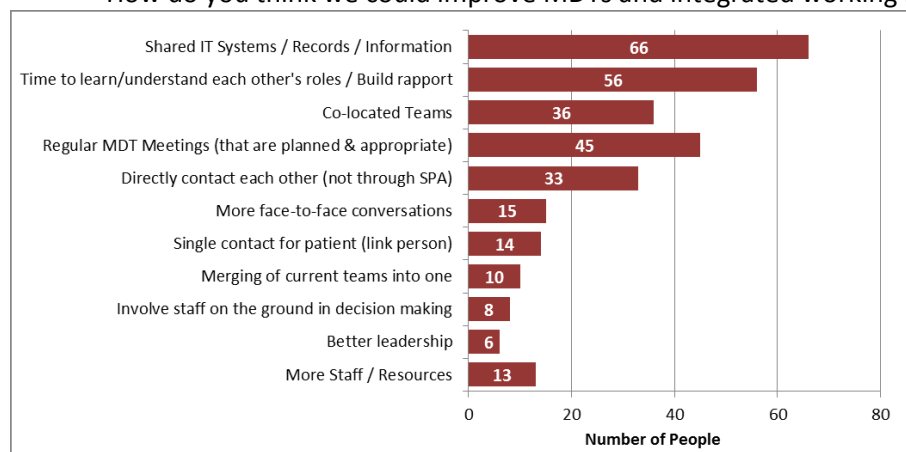
- What do you see as the benefits of integrated working and Multidisciplinary Teams (MDTs)?



- How should risk and accountability be shared amongst providers of health & social care?



- How do you think we could improve MDTs and integrated working in your area?



This information is being used to help shape a future MDT model, incorporating elements of what is working well within existing MDTs, and building on from this.

Multidisciplinary working

A number of discussions have been had about the development of an effective and sustainable LLR model for integrating care across professional boundaries.

Rachel Bilsborough provided an update to the February Programme Board on working towards an effective multidisciplinary team - including how multidisciplinary teams made up of health and care professionals will support the delivery of integrated care.

The programme board discussed some important points about multidisciplinary working, case management and care coordination. The paper discussed will be shared with integrated locality teams for their feedback.

It is recognised that a clear set of definitions for multidisciplinary working in LLR are needed and these are set out within the report as:

A multidisciplinary approach involves drawing appropriately from multiple disciplines to explore problems outside of normal boundaries and reach solutions based on a new understanding of complex situations.

Multidisciplinary working involves appropriately utilising knowledge skills and best practice from multiple disciplines and across service provider boundaries to reach solutions based on an improved collective understanding of a person's complex need(s).

A multidisciplinary team is a group of health and care professionals who are members of different disciplines and organisations, each providing a specific service to a patient. The activities of the team are brought together using a care plan.

A multidisciplinary team meeting is the coming together of a defined set of health and social care professionals to discuss an identified group of patients.

Many patients who are identified through the risk stratification process will have a care plan which does not require the input of the wider multidisciplinary team and these patients will continue to be managed by their registered GP who is responsible for their care.

Over the coming months we will support localities and sub locality teams to understand the shift we are making from current models of case management and MDTs to a new way of multidisciplinary working.

Critical to this is the need for everyone to work in a more integrated way in all aspects of their daily work - this is not just about MDT meetings. How MDT meetings/case conferences are organised and delivered in the new arrangements is simply one part of this discussion.

The report set out a number of discussion points, a summary of the feedback received will be presented at the March Programme Board.

Organisational development

Our first cohort of ILTs taking part in the 'Leading across Boundaries' training programme started on 22 February, with cohort two beginning in March. As mentioned in the last ILT update the training programme will be offered to all localities over the coming months.

The programme consists of five days of bespoke training for ILTs in which up to six participants from each locality can work together on the planning of integrated working in their area whilst building their leadership skills.

We will be gathering feedback from participants about their experience of the programme to help us adapt and improve as we go along.

Measuring the impact of ILTs

The programme board reviewed an early draft of the monitoring framework that could be used to measure the impact of ILTs - including patient experience, the effectiveness of care plans and MDT interventions, the impact on STP outcomes such as emergency admissions, and a proposed 360 appraisal approach for integrated locality teams.

This was well received and next steps will include using logic models and getting academic advice to finalise the framework. Logic models provide a framework to evaluate the effectiveness of a programme through considering 'inputs', 'activities', 'outputs' and 'outcomes', and can be used during the planning and implementation phase of programmes.

Capacity modelling

A workforce group is being set up to map and model capacity. A report will be brought back to a future Programme Board.

For more information about the development of Integrated Locality Teams in LLR visit our webpages:

www.healthandcareleicestershire.co.uk/health-and-care-integration/integrated-locality-teams/

To find out about the local arrangements and work in progress in your area please contact the relevant CCG implementation lead in the first instance:

- **West Leicestershire** (Charnwood, NW Leicestershire and Hinckley and Bosworth) – Arlene.Neville@westleicestershireccg.nhs.uk
- **East Leicestershire and Rutland** (Melton/Rutland/Harborough, Oadby and Wigston, Blaby and Lutterworth) - Paula.Vaughan@EastLeicestershireandRutlandccg.nhs.uk
- **Leicester City** – Rachana.Vyas@leicestercityccg.nhs.uk

If you have any feedback about this edition of the bulletin, or suggestions for future bulletins, please contact our communications lead sally.kilbourne@leics.gov.uk.

